



Employer Job Offer

EMPLOYEE: _____ SS#: _____

ADDRESS: _____

NATURE OF INJURY/INCIDENT: _____ DATE: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

OCCUPATIONAL INFORMATION

DATE OF JOB OFFER: _____ DATE OF EXPECTED RTW: _____

JOB TITLE: _____

WORK HOURS: _____ HOURLY OR WEEKLY WAGE: _____

REPORT TO: _____ (Supervisor)

TYPE OF JOB OFFER:

____ Temp Light Duty

____ Suitable Job Offer

TYPE OF JOB:

____ Pre-Injury Job

____ Modified Pre-Injury Job

____ New Job

JOB DUTIES (May attach job description): _____

PHYSICAL REQUIREMENTS: _____

Does this job meet any current medical restrictions? ____ Yes ____ No

COMMENTS: _____

Signature of Employer Representative: _____

Title: _____ Date: _____

Date Job Offer Accepted: _____

Signature of Employee: _____